



APPLICATION FOR PLANNING PERMISSION



Complete or tick the boxes as appropriate. See Notes for Guidance overleaf.

1. LOCATION OF THE PROPOSAL

Phys. Planning Area: National Capital District; Portion: []; Sec.: []; Lot(s): []; Other Description: []

2. APPLICANT

Name: []; Telephone: []; Fax: []; Address: []

3. AGENT (Complete this section only if relevant)

Name: []; Telephone: []; Fax: []; Address: []

4. ARE YOU THE SOLE OWNER (OR THE AGENT OF THE OWNER) OF THE LAND IN QUESTION?

[] YES If you have answered 'NO' your application will be processed only if it is accompanied by a list of names of all owners and evidence that they have been notified by you about this application. [] NO

5. THIS APPLICATION IS FOR:

[] FULL PERMISSION [] OUTLINE PERMISSION [] APPROVAL OF RESERVED MATTERS FOLLOWING AN OUTLINE PERMISSION

6. DESCRIPTION OF THE PROPOSAL

THIS IS AN APPLICATION TO:

[] ZONE OR RE-ZONE LAND (Proposed Zoning: []) [] SUBDIVIDE / CONSOLIDATE LAND (Identify as appropriate) [] DEVELOP LAND IN ACCORDANCE WITH ITS ZONING [] DEVELOP LAND NOT IN ACCORDANCE WITH ITS ZONING [] OTHER (Specify: [])

BRIEF DETAILS OF THE TYPE AND SIZE OF ANY DEVELOPMENT PROPOSAL:

[]

7. FEE PAID

[K]

8. SIGNATURE

9. DATE